09098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Baltimore City~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01-4
STREET ADDRESS (If rural, give location) 1905 Boone St.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) (Last) BEAUMONT
4. DATE OF DEATH (Month) Sept. (Day) 1, (Year) 1953

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept. 7, 1869
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Burgess
14. MOTHER'S MAIDEN NAME Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Elmer Burgess - 1905 Boone St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose ulcers. Both legs. — 5 mo.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1953, to 9-1, 1953, that I last saw the deceased alive on 8-31, 1953 and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 9-1-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/4/53
NAME OF CEMETERY OR CREMATORY Congressional Cem.
LOCATION (City, town, or county) (State) Wash., D. C.

DATE REC'D BY LOCAL REG. 9/1/53
REGISTRAR'S SIGNATURE [signature] Dmr
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09099

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY HOWARD COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel
LENGTH OF STAY (In this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hopkins Laboratory Construction site on route 29

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY V-48-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1018 Taussig Place, N.E.

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) J. (Last) Clark

4. DATE OF DEATH (Month) Sept. (Day) 23 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/3/97
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Furnace Installer
10b. KIND OF BUSINESS OR INDUSTRY Standard Equip.Co
11. BIRTHPLACE (State or foreign country) Washington,D.C. 48
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William S.Clark
14. MOTHER'S MAIDEN NAME Frances Thorope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-20-7545
17. INFORMANT AND ADDRESS Alice M.Clark,Washington,D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none 0
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Bengtsf M.D. (Degree or title) DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
ADDRESS Ellicott City, Md.
DATE SIGNED 9-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-26-53
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington,D.C.

DATE REC'D BY LOCAL REG. 9-25-53
REGISTRAR'S SIGNATURE Marie A. Whitaker
24. FUNERAL DIRECTOR Lee Funeral Home, Washington,D.C. ADDRESS 4th Street and Massachusetts Ave. N.E.

RECEIVED
SEP 28 1953
BUREAU V. S.

Item 9 Filed 6158 9/7/53 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09109

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural give location) Lawyers Hill

3. NAME OF DECEASED: (Type or Print) (First) REBECCA (Middle) (Last) DOBBIN

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 22, 1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Artist

10b. KIND OF BUSINESS OR INDUSTRY: Novelty Shop (Retired)

11. BIRTHPLACE (State or foreign country): Elkridge

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas M. Doffin

14. MOTHER'S MAIDEN NAME: Bessie Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss Jeannett B. Doffin

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
193X Immediate cause	(a) Cancer of Brain	20 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) General Paralysis	12 yrs
	DUE TO (c) Mal Nutrition Bed Sores 1950	1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Decubitus ulcer of Sacrum	2 mo

19a. DATE OF OPERATION: 1933

19b. MAJOR FINDINGS OF OPERATION: Tumor of Brain

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1939, to Sept 17, 1953, that I last saw the deceased alive on Sept 17 1953, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE Dr. B. B. Brumbaugh (Degree or title) ADDRESS 569 Main St Elkridge 27 md DATE SIGNED 9/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 19 1953 — NAME OF CEMETERY OR CREMATORY: Grace Cemetery — LOCATION (City, town, or county) (State): Elkridge Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 19, 1953 — REGISTRAR'S SIGNATURE: (Miss) L. Birdsall

24. FUNERAL DIRECTOR: Henry W. Jenkins + Sons. Co. ADDRESS: 4905 York Road.

VS. A15

RECEIVED
SEP 21 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09101

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Lisbon X; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Lisbon X; STREET ADDRESS (If rural, give location) R.D. Woodbine-- P.O.

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) R. (Last) HENDERSON

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5-7-1870

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nicholas R. Henderson

14. MOTHER'S MAIDEN NAME: Hettie M. Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: James T.Henderson, Jr. Mt.Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: several years

4202

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Sept, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred ~~at~~ During night Sept 25-26 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.B. Culwell M.D. Mt Airy Maryland 9/26/53.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 9-28-1953 — NAME OF CEMETERY ~~OR CREMATORY~~: Oak Grove — LOCATION (City, town, or county) (State): Howard Co., Maryland

DATE REC'D BY LOCAL REG. Sept-28- — REGISTRAR'S SIGNATURE: E. Pearl Jefferis

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Maryland

RECEIVED
OCT 14 1953
BUREAU V. S.

09102

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1921

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - West Friendship X
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Friendship X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) ALBERTA (Last) HOBBS

4. DATE OF DEATH (Month) Sept. (Day) 23 (Year) 1953

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH June 19, 1856
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Gilbert Flowers
14. MOTHER'S MAIDEN NAME Emma Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT daughter - Mrs. Neville Arrington

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Acute cardiac failure	instant
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease c̄ hypertension	25 years
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) Deputy Medical Examiner, Howard Co.
ADDRESS Clarksville, Md.
DATE SIGNED 9/23/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF Sept. 26, 53
NAME OF CEMETERY OR CREMATORY Mount View
LOCATION (City, town, or county) Howard Co (State)

DATE REC'D BY LOCAL REG. 9/23/53
REGISTRAR'S SIGNATURE Alice D. Hebb
24. FUNERAL DIRECTOR Weer & Haight
ADDRESS Sykesville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 28 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

217 Co

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel MD X — LENGTH OF STAY (In this place) One Year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel MD X
HOSPITAL OR INSTITUTION OR STREET ADDRESS NO X	STREET ADDRESS NO (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) W.	(Last) Kuykendall	4. DATE OF DEATH (Month) Sept. (Day) 23 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 20 1885	9. AGE last birthday 67 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Day Work	10b. KIND OF BUSINESS OR INDUSTRY Chicken Farm	11. BIRTHPLACE (State or foreign country) Green CO. Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alfred Kuykendall		14. MOTHER'S MAIDEN NAME Sarah E. Lamons		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 212 20 0830	17. INFORMANT Mrs. Millie Kuykendall		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to Sept 10, 1953, that I last saw the deceased alive on Sept 10, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. Mungsherly	MD	Gaithersburg	Sept 24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept. 26, 1953	NAME OF CEMETERY OR CREMATORY Mt. Carmel MD	LOCATION (City, town, or county) (State) Montgomery CO. MD.
DATE REC'D BY LOCAL REG. 9/28/53.	REGISTRAR'S SIGNATURE Frank Shipley	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

RECEIVED
OCT 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
STREET ADDRESS (If rural give location) Montgomery Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A (Last) LANE

4. DATE OF DEATH: (Month) 9-1-53 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 11-22-1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Dry Cleaning
10b. KIND OF BUSINESS OR INDUSTRY: Dry Cleaner
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lane
14. MOTHER'S MAIDEN NAME: Cora V. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-32-9684
17. INFORMANT & ADDRESS: Eva Lane, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis — Interval Between Onset And Death: 10 minutes

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1953, to 9-1, 1953, that I last saw the deceased alive on 8-31, 1953 and that death occurred at 10.15 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) George E. Bergtorf M.D. ADDRESS Ellicott City, Md DATE SIGNED 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9-4-53 NAME OF CEMETERY OR CREMATORY St. Johns LOCATION (City, town, or county) (State) Ellicott City, Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 1, 1953 REGISTRAR'S SIGNATURE John B. Loughran, Per. B.E.L.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY ~~Baltimore~~ Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY ~~Baltimore~~ Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicot City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicot City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaffer Conv. Home 60	STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print)	(First) Carl	(Middle) Simonson	(Last)	4. DATE OF DEATH (Month) Sept 2, (Day) 1953 (Year) 19
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH - ?	9. AGE last birthday ? yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Adolph Simonson 3714 Gwyn Oak Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 2 days.

332X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASCVD.

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION -	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1953, to Sept 2, 1953, that I last saw the deceased alive on Sept 2, 1953 and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A V Houck Jr.	M D	Main St Ev C.	Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 9/4/53	NAME OF CEMETERY OR CREMATORY Louden Park Cem.	LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 9/4/53	REGISTRAR'S SIGNATURE A W Houck	24. FUNERAL DIRECTOR John T. Stansbury 2700 Edmondson Ave.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 53

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 1 yr - 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. Arund.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 52-10-2
STREET ADDRESS (If rural give location) 7 Shipright St.

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) Gertrude Browning (Last) Smith

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 13, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher and housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newbern, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: IRA JONES

14. MOTHER'S MAIDEN NAME: IOLA CLAY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Pinel Clinic records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 X

Immediate cause (a) Myocardial failure — Interval Between Onset And Death: 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Secondary anemia — 6 mos.

DUE TO

(c) Gastro-intestinal lesion (malignancy?) — ?

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — years

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1952 to Sept, 1953, that I last saw the deceased alive on Sept 10; 1953, and that death occurred at 10:44 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Laylor M.D. Pinel Clinic, Ellicott City, Md. 9/10/53

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 9-11-53 NAME OF CEMETERY OR CREMATORY 77 Lincoln LOCATION (City, town, or county) Prince Geo Co (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 11, 1953 REGISTRAR'S SIGNATURE John B. Loughran.

24. FUNERAL DIRECTOR John M. Taylor-Son ADDRESS Annapolis, Md.

Sept. 14, 1953 Per. B. E. L.

RECEIVED
SEP 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: HOWARD COUNTY Ellicott City MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Baltimore~~ X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Convelescant Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3405 Royston Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Charles (Last) Spinney
4. DATE OF DEATH: (Month) (Day) (Year) Sept 3 19 53

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 1, 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY: Painter
11. BIRTHPLACE (State or foreign country): Gloucester, Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Edward Etzel, 3405 Royston Avenue

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 503.1 (a) Pneumonitis DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic bronchitis DUE TO
(c)

Interval Between Onset And Death: 4 days. yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized ASCVD.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1953 to Sept, 1953, that I last saw the deceased alive on Sept 2, 1953, and that death occurred at 10:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Romulus V. Dauck, MD
ADDRESS Main St. Co.
DATE SIGNED 9-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 8, '53
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/4/53
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09108

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge X — LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge X
STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Daniel	Upman	Sept, 2nd., 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	9/23/1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardener	Private Estate	Maryland	U. S. A.

13. FATHER'S NAME: John Bernard Upman

14. MOTHER'S MAIDEN NAME: Ellen Mary Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Charles E. Upman 41 Dunvegan Rd. Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malignancy of colon	1 YR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) La Grippe,	
153X	(c) arteriosclerotic Heart disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5 AUGUST, 19 51, to 2 SEPT., 19 53, that I last saw the deceased alive on 25 SEPT., 19 53, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George E. Gorlen M.D.	5608 main St Elkridge md	3 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/5/53	Meadowridge Memorial Park	Washington Blvd. & Dorsey Rd.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 3, 1953	(Miss) E. Bird Williams	Easton Sons	Catonsville, Md.

VS-17

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0910 195

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mission Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup X
STREET ADDRESS (If rural give location) Mission Road

3. NAME OF DECEASED: (Type or Print) (First) Elton (Middle) W (Last) Wheeler

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 29 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Ilchester, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Welch

14. MOTHER'S MAIDEN NAME: Katherine Warfield Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: J. Francis Wheeler, Jessup, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Cerebral Haemorrhage	2 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive Cardio-Vas. Disease	?
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950, to Sept. 21st 1953, that I last saw the deceased alive on 9/21/53 and that death occurred at 10 P.M.; from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 9/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/24/53
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) (State) Savage Md
DATE REC'D BY LOCAL REGISTRAR 9/22/53
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson, Laurel, Md

VS. A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 28 1953
BUREAU V. S.